

Temporary Sign Permit Application

Site Information (Required)		
Business Name:		
Address/Location:		
Assessor's Parcel ID (If a vacant parce		
Property Owner/ Landlord Inform	mation (Required)	
Owner:		
Address:		
City:	State:	Zip:
Home/Cell Phone:	V	Vork Phone:
Fax Phone:	E-mail:	
Contractor Information – (If App	licable)	
Contractor:	0	Contractor License No:
Address:		
		Zip:
Home/Cell Phone:	V	Vork Phone:
F. Division	E mail:	

Requirements

Please submit with this application **two (2)** copies of a site plan or survey. These diagrams will show the site property boundaries (property lines), all structures on the site property, all structures on adjacent lots, all rights-of-way and easement locations, and the proposed location of the temporary sign on the property. Also submit **two (2)** copies of conceptual drawings for the proposed temporary signage, detailing the size and material of the sign(s).

It is the responsibility of the Applicant to verify all locations of property lines, rights-of-way, and easements when applying for a sign permit. NOTE: The location of a property line is most often NOT along a sidewalk or curb.

See the 'Temporary Signage Information Guide' for specific regulations on all types of temporary signage.

Guide available at www.centennialcolorado.com.

Temporary Sign Permit Application

Sign Details	Sign Size (Sq. Ft.)	Sign Value (labor + materials)	Sign Mate	rial	Single or Multi- Tenant Building	Date To Be First Displayed	Number of Days To Be Displayed	
Temporary Sign								
	ovide a Sketch o ed Temporary S							
Acknowledgements and Signature								
this application request and sign	has been approve n for this permit as	ed and I have recei s, or on behalf of, tl	ved and signe he property ov	d my C wner. I	ty of Centennial pe agree to comply wi	agree not to start significant. I certify that the laws of the Stawill cause immediate	I have authority to ate of Colorado and	
Applicant Name	ant Name:Signatur			e (Required):			Date:	
Owner/Landlord Name: Signate					juired):		Oate:	
Staff Use Only								
Case No	o.:					Yes		
Case Re	eviewer:			Approved:		No		
Zone Cl	Zone Classification:			Reviewer Initials:				
Date of	Date of First Display:			Date Reviewed:				
Date to	Date to be Removed:			Reviewer Name:				